

Sample Physician Pre-Printed Orders for Admission/Newborn Routine Order Sheet

POSITIVE MATERNAL HEPATITIS B SURFACE ANTIGEN (HBSAG):

- ✓ Hepatitis B immune globulin (HBIG) 0.5ml IM x1 and Recombivax HB 5 mcg/0.5ml x 1 IM (different sites) within 12 hours of birth.
- ✓ Hepatitis B information to mother
- ✓ Fax the County of Los Angeles Public Health Hospital Report-Perinatal Hepatitis form to (213) 351-2781 within 24 hours of birth

UNKNOWN MATERNAL HBSAG:

- ✓ Draw maternal HBsAg on admission
- ✓ Hepatitis B vaccine 0.5ml IM within 12 hours of birth. Administer HBIG prior to discharge if mother HBsAg status is pending
- ✓ Hepatitis B vaccine 0.5ml IM and HBIG 0.5ml IM x1 for Infants weighing $\leq 2,000$ grams within 12 hours of birth
- ✓ Alert the infant's Health Care Provider if discharged before the mother's HBsAg test result is available.
- ✓ Fax the County of Los Angeles Public Health Hospital Report-Perinatal Hepatitis form to (213) 351-2781 prior to discharge.

NEGATIVE MATERNAL HBSAG:

- ✓ Hepatitis B vaccine 0.5ml IM to all full-term infants who are medically stable and weigh $\geq 2,000$ grams before discharge